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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/430,289
Filing Date	October 29, 1999
First Named Inventor	Keith R. D'Alessio
Art Unit	1772
Examiner Name	Sow Fun Hon
Attorney Docket Number	CMED.10123

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 45473

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 14.40(b)(1)    | <input type="checkbox"/> 14.40(b)(2)            | <input type="checkbox"/> 14.40(b)(3)                       | <input type="checkbox"/> 14.40(b)(4)     |
| <input type="checkbox"/> 14.40(c)(1)(i) | <input type="checkbox"/> 14.40(c)(1)(ii)        | <input type="checkbox"/> 14.40(c)(1)(iii)                  | <input type="checkbox"/> 14.40(c)(1)(iv) |
| <input type="checkbox"/> 14.40(c)(1)(v) | <input type="checkbox"/> 14.40(c)(1)(vi)        | <input type="checkbox"/> 14.40(c)(2)                       | <input type="checkbox"/> 14.40(c)(3)     |
| <input type="checkbox"/> 14.40(c)(4)    | <input checked="" type="checkbox"/> 14.40(c)(5) | <input type="checkbox"/> 14.40(c)(6) Please explain below: |  |

**Certifications****Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Client transferred application to in-house counsel for further processing in August 2008.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

**OR**

B. ☒ Inventor or Assignee name **CLOSURE MEDICAL CORPORATION**

Address **JOHNSON & JOHNSON, ONE JOHNSON & JOHNSON PLAZA**

City **NEW BRUNSWICK** State **NJ** Zip **08933-7003** Country **US**

Telephone **732-524-1596** Email \_\_\_\_\_

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name **Allen R. Baum** Registration No. **36,086**

Address **Brinks Hofer Gilson & Lione, P.O. Box 1340**

City **Morrisville** State **NC** Zip **27560** Country **US**

Date **4/29/09** Telephone No. **919.481.1111**

**NOTE: Withdrawal is effective when approved rather than when received.**

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*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*